

# Substance Abuse and the Course of Welfare Dependency

## ABSTRACT

**Objectives.** New provisions in welfare reform target recipients with addictions, even though there is limited research on how substance abuse affects people's experiences on welfare. This prospective study examined substance abuse as a determinant of subsequent welfare dependency.

**Methods.** Representative samples of clients on Aid to Families with Dependent Children (AFDC) and general assistance in a California county were interviewed while applying for services in 1989 and were reinterviewed in 1995.

**Results.** Among AFDC recipients, substance abuse was not a significant determinant of long welfare stays, repeat welfare use, or the total time a person remained on welfare during the 6-year period. However, substance abuse was a strong predictor of repeat welfare use among general assistance recipients.

**Conclusions.** Alcohol and drug problems have played dramatically different roles in welfare dependency within the AFDC and general assistance populations. Under welfare reform, local general assistance programs will be the final safety net for recipients removed from federal entitlement programs. These programs will probably be confronted with clients with more complex disabilities related to addiction, as well as with greater family needs for cash assistance. (*Am J Public Health*. 1998;88:1616-1622)

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In the often heated debates over welfare reform, policymakers have increasingly attributed key problems of the welfare system, such as welfare dependency and the poor job prospects of recipients, to alcohol and drug addiction. The result has been a host of new federal, state, and local policies designed to move substance abusers off the welfare rolls and toward self-sufficiency. At the federal level, a new law (Public Law 104-121) went into effect in January 1997 that removed all recipients from the Social Security income and Social Security disability insurance programs who had disabilities due exclusively to alcohol and drug addiction. As part of reforming the nation's largest welfare program for single parents and their children, Aid to Families with Dependent Children (AFDC), federal guidelines in the Personal Responsibility and Work Opportunity Reconciliation Act (Public Law 104-193) direct states to deny assistance to recipients with drug felony convictions. At the local level, there has been a movement among county general assistance programs, which have traditionally served single adults not eligible for AFDC, to make substance abusers' receipt of entitlements contingent on their participation in addiction treatment. Because general assistance will be the final safety net for recipients now being removed from federal entitlement programs, these local programs promise to be of growing importance as the broader reforms take effect.

The recent spate of welfare reform legislation targeted at substance-abusing recipients relies on a weak base of data and research regarding the overall burden of alcohol and drug problems on the welfare system, particularly the relationships between problems of substance abuse and welfare dependency. Only about 14% of states administering AFDC even asked applicants about drinking and drug use in their routine assessment process.<sup>1</sup> Cross-sectional

studies have found wide-ranging prevalences of substance abuse in the caseloads of federal welfare programs<sup>2-6</sup> but have rarely included local general assistance caseloads. While some cross-sectional studies have reported relatively high prevalences, an epidemiological analysis recently published in the *Journal*<sup>6</sup> suggests that, within representative samples of federal program recipients—thus excluding local general assistance recipients—rates of substance use, abuse, and dependence are relatively low, being roughly consistent with such rates in the US general population.

While establishing the rates of alcohol and drug problems in the welfare population is important, what may be more critical for ensuring the proper objectives and success of new policies is understanding the relationships between substance abuse and reliance on welfare over time. Although they do a good job at establishing the work and family predictors of welfare dependency, prospective studies have not typically gathered data on recipients' drinking and drug use.<sup>7-11</sup> Researchers have only been able to speculate about the impact that substance abuse might have on welfare use (e.g., perhaps giving rise to work impairments or to weak incentives for leaving welfare).<sup>1,3</sup> The present study, which evaluated alcohol and drug problems in representative samples of welfare recipients followed over a 6-year period, is the

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first to prospectively examine substance abuse as a determinant of subsequent welfare dependency.

## Methods

A large northern California county was selected for its demographic heterogeneity, including urban and rural communities, affluent neighborhoods and inner-city poverty areas, and diverse ethnic groups. Representative samples of new recipients of AFDC and general assistance throughout the county were interviewed as they applied for services in 1989 and were reinterviewed in 1995.

### Baseline Data Collection

In the summer of 1989, a total of 896 adult welfare applicants were selected from the daily intake rosters of AFDC and general assistance programs throughout the county via systematic (interval) sampling in which every  $n$ th case was selected. Interviews were attempted at the earliest possible time after application to welfare to minimize problems with recall about experiences prior to intake. This meant that the research interview often preceded the final determination of welfare eligibility. By following cases in social service department records, it was possible to establish which individuals in the sample were and were not accepted onto general assistance and AFDC. Of the 896 applicants sampled, 650 became welfare clients; 246 were denied welfare and were not included in the subsequent follow-up study. Of the 650 individuals accepted onto general assistance or AFDC, 606 were successfully interviewed. We thus interviewed 93% of individuals who applied for and were accepted on welfare.<sup>12,13</sup>

Hour-long, face-to-face structured interviews administered in English and Spanish were conducted by trained survey interviewers at or near welfare offices. To help guard against response bias and to protect confidentiality, interviewers were not associated with the welfare department, participation in the study was voluntary and independent of receiving public assistance, and information collected remained completely confidential. Special provisions were made to clearly distinguish interviewers from departmental staff and to assure complete privacy during interviews (e.g., by providing separate baby-sitting for parents accompanied by their children).

During 1989, the research team also collaborated in a study of the county's general population for the purpose of making

cross-sectional comparisons with the welfare samples. This involved a 2-stage area probability sample with sampling of census blocks in the first stage followed by sampling of households within the selected blocks in the second stage. Within each household, one adult was randomly selected and interviewed by means of a structured survey instrument; items and procedures were identical to those used in the study of welfare clients. The sample size for the general population study was 3069, and the response rate was 68%.<sup>14-17</sup>

### Follow-Up Data Collection

Beginning in the summer of 1995, we attempted to locate and reinterview the 1989 sample of 606 welfare recipients. A 6-year follow-up interval was selected because previous studies suggested that such an interval would provide adequate time to assess long-term welfare dependency.<sup>9,11</sup> Because very poor, jobless, and homeless respondents would be more difficult to locate than more stable respondents, we made a broad-gauged, intensive tracing effort. We used contact information given to us by respondents in 1989 and conducted searches of telephone directories, post office forwarding addresses, and public records from state departments of social services and motor vehicles. Because some respondents were without telephones and transient, we also used a community-based tracking approach in which interviewers made repeated returns to respondents' neighborhoods.

The follow-up interview lasted about 1.5 hours and was identical in format and procedures to the baseline interview. Fourteen percent of the sample was interviewed by telephone as a result of out-of-state residence. Twelve individuals could not be interviewed owing to confirmed deaths. A total of 411 eligible respondents were successfully located and reinterviewed, yielding a response rate of 69%.<sup>13</sup>

### Measures

We used several alcohol and drug problem indicators, ranging in severity, to provide a more complete picture of substance abuse than could be afforded by any single measure. Measures of problem drinking and heavy drug use, which are sometimes combined to form an indicator of non-dependent substance abuse, are especially relevant for nonclinical populations such as welfare recipients; psychoactive substance dependence reflects a higher severity, clinical threshold for addiction.<sup>18</sup> Our composite measure of problem drinking was consistent

with measures used in prior epidemiological studies.<sup>14-16,19,20</sup> To be defined as problem drinkers, individuals had to satisfy 2 of the following criteria during the year prior to the baseline interview: (1) consumption of 5 or more drinks of beer, wine, or spirits at one sitting on a monthly basis or more often, (2) at least 1 of 5 alcohol dependence symptoms, and (3) at least 1 of 5 alcohol-related social consequences. Heavy drug use combined the unprescribed use of at least one of the following substances on a weekly basis or more often during the year prior to the baseline interview: cocaine or crack, amphetamines or crank, sedatives, heroin, other opiates, marijuana or hashish, and psychedelics.<sup>15,17</sup> Measures of psychoactive substance dependence, involving all of the just-listed drugs and alcohol, were based on the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (revised third edition).<sup>21</sup>

Patterns of welfare use were assessed over the 6-year interval between interviews with data obtained from respondents at follow-up. To capture an accurate portrait of the timing and circumstances surrounding entries and exits from welfare, we employed a time-line follow-back procedure<sup>22</sup> in which a calendar containing memory-triggering events was used to facilitate the recording of detailed personal histories. A 3-category measure of the overall pattern of welfare use allowed us to examine long-term and repeat welfare use, patterns identified as key concerns both in the literature<sup>9,11</sup> and in federal welfare reform policy. The welfare patterns measure consisted of (1) a "continuous stay" pattern in which the recipient remained on AFDC or general assistance during the entire 6-year period between the baseline and follow-up interviews, (2) a "single stay" pattern in which the recipient remained on AFDC or general assistance for only the episode beginning with the 1989 baseline interview and did not subsequently return to AFDC or general assistance prior to 1995, and (3) a "multiple stays" pattern in which the recipient experienced 2 or more episodes of AFDC or general assistance use between interviews. Additional measures of welfare use included the total time on general assistance and AFDC accrued between baseline and follow-up and the average length of any given welfare stay, both measured in months. In a validity study comparing recipients' self-reports of welfare use with their social service department records, there appeared to be good agreement on the main measures used in this analysis; for example, in 86% of the AFDC cases examined, self-reports and records corresponded on the overall pattern of welfare use.<sup>23</sup> Respondents were also

asked to provide their reasons for leaving welfare on up to 3 welfare exits between 1989 and 1995 (the first, the last, and the next to last); a respondent was coded positively on a composite measure if he or she reported that a given reason had led to one or more of the 3 exits asked about.

### *Analysis of Attrition*

Attrition analysis comparing baseline data for respondents and those lost to follow-up revealed no statistically significant differences in measures of substance use, abuse, and dependence; in general assistance vs AFDC recipient status; in past welfare use; and in most demographic characteristics. There were, however, statistically significant differences between respondents and study dropouts in gender and marital status as measured at baseline. Following Wiley and Camacho,<sup>24</sup> we used the baseline data to examine the cross-sectional relationships between substance abuse and past welfare dependency, comparing these relationships within pools of respondents and study dropouts. The assumption of this procedure was that bias due to attrition in the longitudinal analysis would be likely to show up as differences in the same relationships measured in cross-sectional data. Some drug abuse indicators appeared to be more strongly associated with past welfare use among dropouts than respondents, suggesting that we might observe a smaller association in this sample than is truly the case in the population. As a means of guarding against this potential for downward bias, all longitudinal analyses used poststratification weights to adjust for nonresponse at follow-up.

### *Data Analysis*

As a result of marked differences in the demographic and substance abuse profiles of AFDC and general assistance recipients, as well as minimal crossover between programs, all analyses were disaggregated by type of program at baseline entry to welfare. First, demographic, family, work, and welfare history differences were compared in the AFDC and general assistance samples at baseline via chi-square tests and *t* tests of differences in sample means. Prevalences of problem drinking, heavy drug use, and dependence were then compared in the AFDC and general assistance samples at baseline and with the 1989 county general population survey via tests of difference between population proportions. Because the AFDC, general assistance, and general population samples differed markedly in terms of

demographic characteristics, direct standardization was used to adjust the 2 welfare samples to the gender, age, and ethnic distributions of the general population. We also used poststratification weights in all analyses of the baseline welfare samples to adjust for variation in sampling fractions, slight differences in the duration of fieldwork across strata, and nonresponse. General population data were weighted to adjust for unequal probabilities of selection of adults within households.

Longitudinal analyses used demographic characteristics, family structure, work history, and substance abuse status measured at baseline (1989) to predict welfare use during the subsequent 6-year period. First, the bivariate relationship between substance abuse and welfare patterns was examined via chi-square tests and the Fisher exact test in cases of small cell sizes. Then logistic regression models were estimated in the AFDC and general assistance samples separately; baseline variables were used to predict patterns of continuous and multiple stays, total time on welfare, and average length of stay. As a result of collinearity between measures of problem drinking, heavy drug use, and dependence, we included only one substance abuse measure in each regression model. A final (chi-square) analysis compared substance abusers and other recipients of general assistance on their reasons for exiting welfare between 1989 and 1995.

## **Results**

### *AFDC and General Assistance Sample Characteristics at Baseline*

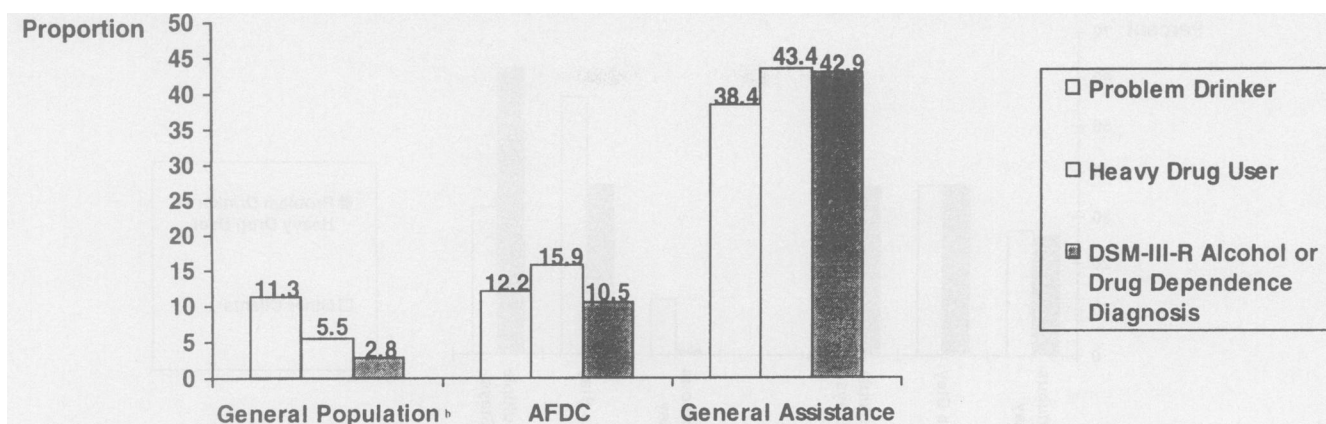
The AFDC and general assistance samples differed markedly in their demographic profiles and family situations at baseline, reflecting the very different eligibility criteria used by these 2 programs (results not shown in tables). The AFDC sample was 94% female; of these individuals, 35% were more than 35 years of age and 61% were single parents at the time of applying for services in 1989. In contrast, the general assistance sample was 39% female; of these respondents, 51% were more than 35 years old and 83% were single adults, with only 8% reporting that they were single parents. While fewer than 1% of AFDC recipients were neither pregnant nor responsible for children, 86% of the general assistance sample was without children (all differences statistically significant at  $P < .001$ ). More than half of both samples were members of ethnic minority groups, as compared with 24% in the

county's general population. In the AFDC sample, however, there was more than twice the representation of minority groups other than African Americans, primarily Latinas. There were no statistically significant differences between the 2 samples on most factors related to respondents' employment prospects at baseline. Approximately 40% of both AFDC and general assistance recipients reported having not held a job during the year before applying for services, and around 30% of both samples reported being high school dropouts. However, a larger percentage of AFDC recipients than general assistance recipients reported that they were not looking for work at the time of applying for welfare in 1989 (41% vs 16%;  $P < .001$ ).

An important finding from the baseline study involved the marked differences in standardized prevalences of substance abuse and dependence between the AFDC and general assistance samples when viewed cross sectionally in 1989. Figure 1 shows that even after age, gender, and ethnic differences had been controlled, general assistance recipients were about 3 times more likely than AFDC recipients to be problem drinkers (38.4% vs 12.2%) and heavy drug users (43.4% vs 15.9%) and to have substance dependencies (42.9% vs 10.5%; all differences statistically significant at  $P < .001$ ). Rates of problem drinking in the AFDC sample were roughly comparable to those in the county's general population in 1989 (12.2% vs 11.3%), while heavy drug users and individuals meeting criteria for alcohol or drug dependence were overrepresented relative to the general population (15.9% vs 5.5% and 10.5% vs 2.8%, respectively;  $P < .01$ ).

### *Substance Abuse as a Determinant of Welfare Dependency*

Reliance on welfare also differed markedly between the AFDC and general assistance samples. Between baseline and follow-up, AFDC recipients generally consumed more welfare services for longer periods of time than did general assistance recipients (results not shown in tables). The mean total time on welfare between 1989 and 1995 for AFDC recipients was 43 months, as compared with 26 months for general assistance recipients. The average length of stay was about twice as long for AFDC as for general assistance recipients (33 vs 16 months). Samples differed in their overall pattern of welfare use as well. While 27% of the AFDC sample reported having remained on welfare continuously between 1989 and 1995, only 5% of the general assistance sample did. And while 37% of the AFDC sample reported a multiple stays pattern, 50% of general assistance



Note. DSM-III-R = *Diagnostic and Statistical Manual of Mental Disorders* (revised third edition).

**FIGURE 1—Standardized prevalences of alcohol and drug problems in the Aid to Families with Dependent Children (AFDC) and general assistance (GA) samples as compared with the general population in 1989.<sup>a</sup>**

<sup>a</sup>AFDC and general assistance samples standardized to age, gender, and ethnic distributions of general population. General population data weighted by number of adults in household; welfare data weighted for sampling design and nonresponse.

<sup>b</sup>Except for problem drinking in the AFDC sample, pairwise comparisons of AFDC and general assistance samples with general population for each problem measure using independent tests of proportion significant at  $P < .01$ . All differences between AFDC and general assistance samples significant at  $P < .001$ .

recipients reported this pattern (all differences significant at  $P < .001$ ).

Figure 2 illustrates further marked differences between the AFDC and general assistance samples in the relationship between substance abuse at baseline and subsequent patterns of welfare use. In the AFDC sample, there was no statistical relationship between a recipient's status as a problem drinker or heavy drug user and subsequent patterns of welfare use ( $P < .99$ ). In contrast, among general assistance recipients there was a strong relationship: problem drinkers and heavy drug users were much more likely to report a pattern of multiple welfare stays than a continuous or single stay pattern ( $P < .001$ ).

These relationships were examined further through multivariate analyses. Initial models were fit within each sample separately; demographic, family, and employment status at baseline were used to predict welfare use, and then drinking- and drug-related indicators were added to examine their independent effects. Table 1 shows some of the results from logistic regression analyses in the AFDC sample, where the dependent variables were the continuous stay pattern (as compared with all other patterns) and multiple stays pattern (as compared with all other patterns). By drawing on prior studies of AFDC use,<sup>8,10,11</sup> it was possible to fit a parsimonious model to explain continuous stays on AFDC using baseline demographic, family-related, and employment variables. The model predicting multi-

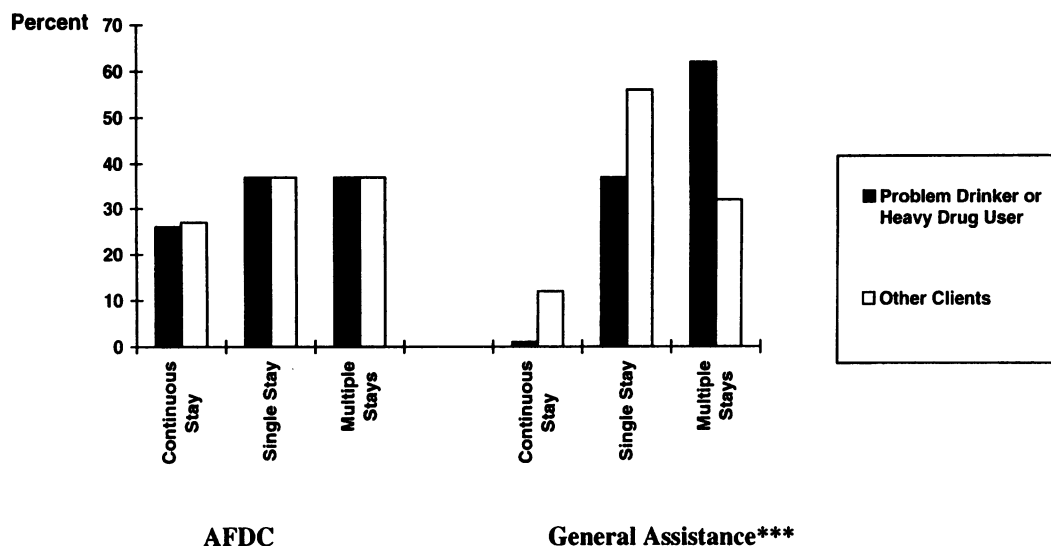
ple stays had a poorer fit, probably reflecting the fact that it is often events following particular welfare exits that have the strongest impact on the odds of returning to welfare<sup>9</sup>; this pattern of change would be better analyzed by event history analysis, which was beyond the scope of this study. Consistent with prior studies,<sup>11</sup> background and family-related variables, such as being a member of an ethnic minority group and having a child under 3 years of age, appeared to have a greater impact than educational and vocational characteristics on the odds of long welfare stays in the AFDC sample. When the problem drinking and heavy drug use variable was entered, it had no independent effect on the odds of either pattern, as reflected in odds ratios extremely close to 1.00 that were not statistically significant. The overall fit of the models, evaluated by the likelihood ratio chi-square, was not measurably improved by introducing this variable either.

We also considered a variety of other models for the continuous and multiple stays patterns in which other drinking or drug indicators, including dependence, had no statistically significant effects (results not shown in tables). Additional models examined the effects of substance abuse on the total time an AFDC recipient remained on welfare and on the average length of stay after control for demographic, family, and employment factors; again, no statistically significant relationships with drinking and drug indicators were found.

#### *Substance Abuse and Welfare Dependency Among General Assistance Recipients*

Similar logistic regression models were estimated for the multiple stays pattern (vs all others), total time on welfare, and average length of episode within the general assistance sample. Only 5% of the general assistance sample experienced a continuous stay, suggesting that this pattern is probably not an especially pressing social policy issue in local general assistance systems, and the sample of cases with this pattern was prohibitively small for analysis. Table 2 shows that being less than 30 years of age at the time of the baseline welfare entry increased the odds of subsequent multiple stays, while being male and being a member of an ethnic minority group other than African American decreased the odds. Notably, being a problem drinker or heavy drug user at baseline was one of the strongest predictors of multiple stays in the general assistance sample, increasing the odds of repeat welfare use more than 4-fold.

Further regression analyses of total time on welfare and average length of stay in the general assistance sample corroborated these findings (results not shown in tables). Substance abuse at baseline was related to a medium amount of total time on welfare (between 1 and 5 years, as compared with less than 1 or more than 5 years). It was also a statistically significant predictor of a shorter average length of stay (less than 2



Note. AFDC = Aid to Families with Dependent Children.

**FIGURE 2—Patterns of welfare use between 1989 and 1995: problem drinkers and heavy drug users vs other clients.**  
 \*\*\* Fisher exact test (two-tailed),  $P < .001$ .

years, as compared with more than 2 years). These results are consistent with the multiple stays pattern in which repeated, short stays would tend to lower the probability that a substance-abusing recipient could accrue either an exceptionally short or long total time on welfare.

We further explored how alcohol and drug problems were related to welfare use among general assistance recipients by comparing the firsthand reports of substance abusers and other clients concerning their reasons for leaving welfare between 1989 and 1995 (data not shown in tables). Among substance abusers, the most common reason given for exiting welfare (reported by 43% of substance abusers, as compared with 23% of other recipients;  $P < .01$ ) was being cut off by authorities for failure to comply with general assistance rules concerning such things as filing paperwork and completing job search assignments. Getting a job (36% of substance abusers vs 47% of others), being transferred to another program such as Social Security income (26% vs 32%), changing residence (21% vs 11%), and going to jail (16% vs 7%) were less common reasons. Among non-substance abusers, the most commonly reported reason for exiting welfare was obtaining employment, although being transferred and getting cut off were also mentioned frequently. We also compared exit reasons reported by general assistance recipients who met criteria for a substance dependence diagnosis and other clients. This produced larger differences between groups, suggesting that the more severe a substance abuse disability,

the more it may play a role in why clients leave the welfare system. Substance-dependent general assistance recipients were half as likely as others to report having exited for a job (25% vs 50%;  $P < .001$ ) and were more likely to have exited owing to failure to comply with general assistance rules (46% vs 30%;  $P < .05$ ) and going to jail (25% vs 8%;  $P < .001$ ). In identical comparisons of reasons for exit in the AFDC sample, there was only one difference between individuals meeting criteria for substance abuse or dependence and other respondents. Thirty percent of substance abusers in the AFDC sample reported having exited because they got a job, compared with 52% of other AFDC clients ( $P < .03$ ).

## Discussion

The longitudinal relationships between substance abuse and welfare dependency have largely been unexplored, despite their growing significance for welfare reform policy. The far-reaching federal welfare reform package, which has remodeled the AFDC program, targets long stays and repeat welfare use by setting a 2-year maximum on any given welfare stay and a 5-year lifetime limit. Further provisions direct states to deny assistance to recipients with a drug felony conviction. The federal reform package illustrates how welfare dependency has increasingly become linked with alcohol and drug problems in policy discussions. This is partly because it is believed that substance abuse

problems may inhibit recipients' prospects for obtaining stable jobs but also because it is believed that by offering recipients open-ended money entitlements, the welfare system may be encouraging substance abuse.<sup>1,3</sup>

As far as the main target of federal welfare reform—the AFDC program—is concerned, the results of this study generally argue against such claims. Consistent with prior work at the national level,<sup>6</sup> we found that the prevalence of problem drinking among AFDC recipients was roughly comparable to rates in the general population, although rates of heavy drug use and substance dependence in this county were higher. In our analyses that followed AFDC recipients over a 6-year period, substance abuse did not appear to be a significant determinant of welfare dependency; it was not a predictor of long stays on AFDC, repeat welfare use, total amount of time a recipient remained on welfare, or average length of stay. While AFDC recipients' substance abuse problems appeared to have little effect on their future prospects for leaving welfare, background and family-related factors (e.g., being a member of an ethnic minority group and having a young child at the time of applying for services) appeared to be strong determinants of subsequent welfare use. It would thus appear that the strongest determinants of welfare dependency among AFDC recipients correspond quite directly to the particular social problems that this program was originally created to address, namely, the economic hardships of single parents and their young children.



**TABLE 1—Logistic Regressions on Continuous and Multiple Stays Patterns: Aid to Families with Dependent Children (AFDC) Sample**

Characteristic at Application for AFDC in 1989	Continuous Stay Between 1989 and 1995 <sup>a</sup>		Multiple Stays Between 1989 and 1995 <sup>b</sup>	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
Ethnicity				
Black (vs White)	1.70	0.77, 3.74	...	...
Other minority (vs White)	3.23	1.32, 7.91	...	...
Unmarried	...	...	0.78	0.29, 2.10
Single parent	0.85	0.42, 1.72	...	...
Youngest child under 3 years	2.84	1.25, 6.48	...	...
3 or more children	0.56	0.22, 1.47	2.01	0.94, 4.31
High school dropout	1.09	0.49, 2.43	1.63	0.85, 3.12
No job during previous year	1.80	0.91, 3.59	0.64	0.34, 1.20
Disabled or not looking for work	1.46	0.68, 3.14	...	...
Problem drinker or heavy drug user	1.04	0.47, 2.33	1.00	0.50, 2.03

Note. Data were weighted for sampling design and nonresponse at baseline and follow-up.

<sup>a</sup>Before entering substance abuse variable, likelihood ratio  $\chi^2 = 20.44$ ,  $df = 8$ ,  $P < .01$ ; after entering substance abuse variable, likelihood ratio  $\chi^2 = 20.46$ ,  $df = 9$ ,  $P < .02$ .

<sup>b</sup>Before entering substance abuse variable, likelihood ratio  $\chi^2 = 8.11$ ,  $df = 4$ ,  $P < .09$ ; after entering substance abuse variable, likelihood ratio  $\chi^2 = 8.11$ ,  $df = 5$ ,  $P < .15$ .

Our analyses of general assistance program recipients—a far less adequately studied welfare population than AFDC recipients—revealed a starkly contrasting portrait of substance abuse and welfare dependency. Cross-sectional comparisons of alcohol and drug problem prevalences suggest that locally sponsored general assistance programs have shouldered a far heavier share of the burden for substance abuse among the poor than the federal AFDC. Prevalences of problem drinking, heavy drug use, and substance dependence were roughly 3 times higher among general assistance recipients after control for demographic differences in the 2 populations. Among other things, this suggests that by focusing on federal entitlement programs such as AFDC, prior studies<sup>3,6</sup> may have underestimated the prevalence of alcohol and drug problems in the US welfare population as a whole.

In our longitudinal analyses of general assistance recipients, substance abuse appeared to be a strong predictor of a revolving door pattern of welfare use. Problem drinking and heavy drug use were predictive of repeated returns to welfare, shorter than average lengths of stay, and a medium total time accrued on welfare over a 6-year period. While background characteristics such as age, gender, and ethnicity were significant predictors, having a problem with alcohol or drug abuse at the time of applying for services contributed to a 4-fold increase in the odds that a general assistance client would subsequently experience 1 or more returns to welfare. One should bear in mind that while our attrition analysis and statistical approach give us some confidence that attrition bias is not a serious problem, it is nevertheless important to consider these longitudi-

nal findings in light of the fact that the status of those lost to follow-up is not known.

Our analysis of clients' reasons for leaving welfare provided some indications as to how substance abuse problems might be influencing the course of welfare dependency in the general assistance program. Substance abusers appear to be more vulnerable to losing their general assistance entitlements owing to more frequent periods of incarceration. And, especially among individuals with severe substance dependencies, there is a greater likelihood of being cut off from entitlements for having failed to comply with bureaucratic rules, perhaps because of the disorganizing influence that an addiction can have on a person's daily life. This observation may also help to account for the very different relationships between substance abuse and welfare patterns found in the general assistance and AFDC populations.

In addition to providing a lower average money entitlement, general assistance programs typically make more stringent demands on their clients in terms of filing monthly reports on job searches and completing regular work assignments.<sup>25,26</sup> Substance abusers are likely to be especially disadvantaged in a welfare program, such as general assistance, that makes heavy demands on its clients and provides more limited economic resources for cultivating a stable living situation. When the demands on clients are less strict and the living standard slightly less marginal, as in AFDC, an alcohol or drug problem may not make much of a difference in terms of maintaining a stable welfare check, although it may still diminish a person's prospects in the labor market. If the goal of general assistance and other welfare programs is to provide clients with tem-

porary assistance while they establish a stable living situation and job, then stringent program requirements that make recipients—and, disproportionately, recipients disabled by substance abuse—vulnerable to repeatedly losing their entitlements may be undercutting that goal. The revolving door pattern in general assistance may be symptomatic of broader social pressures that lead welfare systems in the United States to emphasize bureaucratic accountability and the control of welfare fraud, meanwhile leaving fewer resources available for helping clients to get back on their feet through rehabilitation and vocational services.<sup>11</sup>

The results of this research may be helpful for predicting the consequences of different welfare reform policies currently being implemented at the federal, state, and local levels. One response to the difficulties with substance-abusing welfare recipients, a response being contemplated by many state and county governments, is to require that clients attend public sector alcohol and drug treatment while making their eligibility for welfare contingent on their compliance with treatment. While this approach is based on the sensible idea of using substance abuse treatment as a pathway toward rehabilitation and, ultimately, economic self-sufficiency, the results of the present study do not bode well for its success. In this study, individuals with alcohol and drug problems appeared to have considerable difficulties meeting the basic paperwork and job search requirements of being a general assistance recipient. The additional demands of addiction treatment programs—which in the United States usually have “zero tolerance” policies requiring complete abstinence from alcohol and drugs—are likely to be requirements that

**TABLE 2—Logistic Regression on Multiple Stays Pattern: General Assistance (GA) Sample**

Characteristic at Application for GA in 1989	Multiple Stays Between 1989 and 1995 <sup>a</sup>	
	Odds Ratio	95% Confidence Interval
Male	0.51	0.26, 1.00
Under 30 years of age	2.36	1.25, 4.49
Ethnicity		
Black (vs White)	0.65	0.33, 1.26
Other minority (vs White)	0.24	0.06, 1.00
Unmarried	1.22	0.22, 6.81
No job during previous year	0.97	0.51, 1.83
Disabled or not looking for work	1.82	0.96, 3.46
Problem drinker or heavy drug user	4.42	2.23, 8.77

Note. Data were weighted for sampling design and nonresponse at baseline and follow-up.

<sup>a</sup>Before entering substance abuse variable, likelihood ratio  $\chi^2 = 13.92$ ,  $df = 7$ ,  $P < .05$ ; after entering substance abuse variable, likelihood ratio  $\chi^2 = 35.26$ ,  $df = 8$ ,  $P < .001$ .

many will find difficult to consistently meet. The result may simply be to push the revolving door of repeat welfare use out into the community's addiction treatment system rather than to solve the problems of substance abuse and welfare dependency. A more effective strategy might involve using intensive case management to improve service continuity and to coordinate between welfare and addiction treatment services. This, however, is likely to be prohibitively expensive for most state and local governments.

At the federal level, new policies in the Social Security income, Social Security disability insurance, remodeled AFDC, and food stamp programs are less oriented toward providing treatment for substance abuse disorders than toward significantly curtailing or removing recipients with alcohol and drug problems from the welfare rolls. As these reforms at higher levels of government take hold, we can expect that many disabled recipients being cut off from services will seek assistance from lower levels of government. Local general assistance programs are likely to become the final safety net for an even larger share of the welfare population with alcohol and drug problems than in the past. The face of the general assistance population is also likely to change in other ways as local programs pick up recipients dropped from federal programs. In the "before" welfare reform picture captured by this study, only 15% of general assistance recipients were responsible for children, while the majority were single adults. Local general assistance programs can expect to see much larger proportions of parents with young children applying for services as federal welfare reforms take effect, as well as clients with more complex disabilities related to substance abuse. Public sector

addiction treatment programs, as well as the primary health systems in local communities, can probably also expect to serve more of the poor disabled by alcohol and drug problems as former recipients and their families seek help outside the welfare system. □

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